MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/533398

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ʳᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ʳᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15	/							65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
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35								85						
36								86						
37								87						
38								88						
39								89						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						

	AS FILED		AFTER 1ʳᵗ		AFTER 2ⁿᵈ				AS FILED		AFTER 1ʳᵗ		AFTER 2ⁿᵈ	
TOTAL IND.	0							TOTAL IND.						
TOTAL DEP.	37							TOTAL DEP.						
TOTAL CLAIMS	43							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)